

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/527423

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1		1			
4		1		1		
5	1		1			
6	1		1			
7	1		1			
8		7		1		
9		7		1		
10		7		1		
11		7		1		
12		7		1		
13		7		1		
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15		7		1		
16	1		1			
17		1		1		
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50						
TOTAL IND.	12	↓	12	↓		↓
TOTAL DEP.	54	←	12	←		←
TOTAL CLAIMS	66		24			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						